**ACTION LOG – JULY 8th 2019**

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| **OBJECTIVE** | **PLAN** | **PROGRESS** |
| **Elections to the Forum**  | Agreement reached on EC membership for 2019/2020 | **Malcolm Alexander - Chair****Sister Josephine Udie - Vice Chair****Angela Cross-Durrant - Vice Chair****Lynn Strother - EC member****Audrey Lucas - EC member****Beulah East - EC member****Rashid Ali Laher - EC member****Cllr Dora Dixon-Fyle - EC member****Joseph Healy - President** |
| **CPR and Defibrillator Training** | Members were invited for annual training on June 10th 2019.  | **9 members attended.** **Further event planned for later in the year.**  |
| **Co-Production Charter** | Charter presented to the LAS Board. Only one alternation requested and made. Discussed with LAS PPI committee.All HW in London asked to sign up and national charities. Discussed with NHS Improvement shared with the Association of Ambulance Chief Executives (AACE). Write to all HW jointly with Hackney HW.  | **Currently being reviewed by the LAS Board subcommittee.** |
| **Quality Account Response for 2019-2020** | The Forum’s response has been sent to Trisha Bain together with a list of Forum achievements and was published in June 2019.  | **Trisha Bain has provided a formal response to Forum recommendations. Progress with our recs is disappointing and we will response further.**  |
| **End of Life Care -** Ethnicity and faith to be highlighted. | Proposed that paramedics may need additional training to deal successfully with these issues. Raised at EoL group by  | **Raised at LAS End of Life Care group by Angela.**  Dr Diane Laverty, Macmillan Nurse Consultant Palliative & End of Life Care replied: “Last Thursday two members of our team attended an excellent study day organised by Saint Francis Hospice on culture and religion. As a result, we have begun to consider ways in which this important subject can be addressed service wide.  We will ensure this is an agenda item at our next steering group meeting, once we have considered the best approach. |
| **Complaints by Phone** | Suggested LAS should record calls from complainants and copy the transcript and tape to the complainant to ensure accuracy. This approach would give confidence to the complainant that all of the issue they have raised will be fully investigated.  | **Trisha Bain aims to implement by end of 2019.** **Complaints team very much in favour, but their focus is identifying abusive callers.** **Funding is a key problem. Reminder sent on June 3rd.**  |
| **COMPLAINTS QUALITY PERFORMANCE****Developing themes from complaints as opportunities for learning** | Request to the LAS that all telephone complaints are recorded on tape and provided to the complaint with a written transcript. Jos Bell proposed working group to examine the ways that complaints are investigated and to propose ways of improving the service. Get more information about how Datix system is used to process data about complaints and enables the triangulation of data and learning across the organisation. Access to thematic reports about complaints showing both incident type and frequency of each type of incident and Quality Report that goes to Board and the CCG (CQRG)  | **Trisha Bain hopes will be implemented by end of 2019****Joss Bell invited to join the Forum complaints review group. Heather Lawrence asked to reconvene meetings and agreed to do so.****Response awaited from Garry Bassett, Head of Complaints.**  |
| **TURNING OFF OF AMBULANCE ENGINES IN STATION AND IN THE PUBLIC SPACE** | The LAS told us that: “Turning off engines this is something we would like to do but the MDT is reliant on a power source, therefore, for the time being we have to keep the engines idling, in the near future we are looking at a new MDT  that can operate without needing the vehicle to remain idling". We asked if “ambulances will be fitted with batteries to deal with this problem re power sources for MDTs?”  In relation to the more general problem of Air Quality in London, traffic jams and leaving engines on to keep the MDTs live, we wondered if there has been an assessment of the health impact on LAS front line staff, e.g. asthma or lung fibrosis? Is there guidance for staff encouraging them to turn off engines when they are on down time? | **Issue raised with Edmund Jacobs, Health and Safety lead for the LAS who replied that:** I have copied your email to my colleague Mr Justin Wand Deputy Director of Fleet & Logistics to consider your enquiry. **Forum member has independently submitted questions to the LAS on this issue via FOI Act but response is taking a long time.** The air pollution problem at Bromley ambulance station is being reviewed and consideration is being given to installing metres to monitor the air quality.  |
| **MENTAL HEALTH CARE**1. **Outcomes of the Mental Health car –**

**3 month review and evaluation –** 1. **Promote development of mental health car service to north west London –**
2. **Substantially increase the level of training for from line staff in MH care to match level of need and demand –**
3. **Provide more public information about mental health care provided by the LAS –**
4. **Review questions asked by EOC about whether a person with mental health problems is violent –**
5. **Obtain information about long waits for patients in cars and ambulance outside places of safety and A&E –**
6. **Investigate current situation about the use of spot purchasing of mental health beds leading to long waits in A&E –**
7. **Development of specialized care for patients detained on s136 with the support of mental health nurses and Advanced MH paramedics –**
 | Obtain report on effectiveness of mental health carDiscuss development of MH car with Trisha Bain and MH lead Carly LynchBriony Sloper speaking at July Forum meetings. Representing the Healthy London Partnership. Response received from Trisha Bain in response to our Quality Account recommendations. Not satisfied with response.Discuss these issues with Trisha and Carly Lynch See responses from the Healthy London Partnership | **The 3 month evaluation report – received and available.** **LAS Mental Health group no longer meets.****Meeting requested with Trisha and Carly to discuss mental health developments.** **Quality Account finalised and published. Trisha’s response to our priorities disappointing** **england.healthylondon@nhs.net****.** **Response received from Health London Partnership.** Thank you for your email to Healthy London Partnership (HLP). I work on the Crisis Care Programme at HLP, which focuses on the s136 pathway. To give some background on Healthy London Partnership, we bring together partners on specific programmes/projects, particularly where the issues are best tackled once for London.I understand your concerns regarding long waits for access to places of safety and A&Es. Our programme has been working with London on implementation of a new model of care for s136 across London; one of the aims of which is to reduce delays in the pathway. Please do take a look at the resources on our website crisis care pages to find out more about this: <https://www.healthylondon.org/our-work/crisis-care/>​ I believe a few years ago, we came to speak to the LAS patient forum about the programme. With regard to the spot purchasing of beds. Whilst this is not an area that I specifically work on, there has been recent analysis of the bed stock in London against the needs of the population. There is also work at NHS England London region to introduce clear standards and escalation protocols for London for s136 access and for admission to inpatient beds. I've copied in a colleague from the Mental Health Transformation team at HLP, who may have further to add. |
| **MEET WITH Dr ONKAH SAHOTA**[**www.london.gov.uk/sites/default/files/london\_ambulance\_report\_final.pdf**](http://www.london.gov.uk/sites/default/files/london_ambulance_report_final.pdf) | Follow up issues raised in Dr Sahota’s report and correspondence.  | **Meeting requested through Fred Jerrome**  |
| **LAS STRATEGY****Heather Lawrence and Garrett Emmerson were invited to speak to** **May Forum meeting on Strategy.**  | 1. Concern that LAS intend to substantially decrease conveyances to hospital, whilst their vehicles are stuck outside A&Es because of bed shortage and discharge delays - when demand on the LAS is continuing to rise exponentially.
2. Are all STPs signed up to Strategy? This is not clear.
3. Obtain KPIs regarding re conveyancing

targets? Request to Katy Neil. 4) Are there conveyancing targets?  | **1) Heather Lawrence and Garrett Emmerson invited to May 13th meeting of Forum to discuss Strategy and other key issues, e.g. leadership, governance, patient empowerment, empowerment of front line staff, cultural change, delivery of the LAS strategy and the influence of the LAS within the STP network. Failed to address any of these.** **2) Developments such the Pioneer Service are in pilot stages across a small number of CCGs and will be considered on an individual basis through the LAS Strategic  Commissioning Board which LAS are in agreement with and is in accordance with  governing arrangements and in line with contracting process.** |
| **CARE FOR HEAVILY INTOXICATED PATIENTS AT RISK OF HARM** | a) Contact All Party Parliamentary Group on Alcohol Harm – in progress.c) Request information from A&Es and RCEM re impact of heavily intoxicated patients. | **Raised with CQRG on May 28th** No support from CCG or LAS for this development.  |
| **SOUTH EAST 111 SERVICE****NORTH EAST 111**North East London 111, Maritime House 1 Linton Road Barking , IG11 8HG  | Members observations to be carried out in March and April 2019Also Focus Group and joint work with Healthwatch pan-London to be planned | Members agreed to attend visit to 111 centre in Croydon during March/April/May. Visits to be extended to North East London in June and July 2019.Report due in June 2019. |
| **EMERGENCY OPERATIONS CENTRE**FUTURE VISITS | Visits to EOC run on a Tuesday, Wednesday and Friday alternating weekly between Waterloo and Bow 9-1pm or 1-5pm – 2 Visitors per day 1 in the morning/ 1 afternoon. | Theme: care in a mental health crisis. Met with Charlotte Mitchell from Mind to discuss questions. Report due in June 2019. |
| **PRISONS AND SECURE ENVIRONMENT****Access to Prisons and Immigration Removal Centre for Emergency Call** | LAS data not available which records the time taken from arrival to patient contact and leaving prison or IRC.FOIs to prisons, IRCs and youth offender centres re time for ambulances to reach seriously ill patients. Very poor response from Prisons, IRC. One response from YOI. | **Letters sent to Home Secretary and Prison Minister requesting data and action to ensure rapid access to patients in prison.** **Excellent response from Justice Minister and meeting being arranged with senior staff.** **Lyn Sugg in EOC for update on MoU and ARP****“This would not necessarily be about ARP: call from Prisons where information is available are triaged as with any call.  Where that information is not available, the calls are CODE1 – Blue, which is a CAT1 and Code 2 Red, which is a CAT2.  Most such calls are CODE Blue”****Forum has requested a 3 month project to collect data using a combination of PRF (patient report form) information, which front line staff routinely fill out, and additional requests to staff to send in information on time of patient contact.** |
| **Collaboration with the Royal College of Emergency Medicine** | Forum has made contact with Derek Prentice, Lay Group Chair of The Royal College of Emergency Medicine  | Meeting requested to discuss joint meeting on 4 hour target and ambulance queuing.  |

**Summary of KPIs**

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| **KPI** | **Measure/Description** |
| **National Ambulance Response Programme (ARP)** | These are a set of National standards set by NHS England to measure Ambulance response times depending on the type of response required and the timeframe in which the patient needs to be seen. |
| **Call Answering** | Measure performance on the number of calls received and the time taken to answer the call by the LAS |
| **Clinical Quality Indicators** | Measures performance on a range of both national and local clinical quality indicators |
| **ED  Conveyance Reduction** | Measures the number of conveyances to an ED department |
| **Hear and Treat** | Measures the number of calls closed with telephone advice provided to the patient/caller |
| **Productivity and Efficiency** | Measures performance on a number of productivity and Efficiencies |
| **Patient Handover** | Measures the time taken from transferring the patient’s care to hospital to being available for their next call out |
| **Alternative Care Pathways (ACP) Utilisation** | Measures usage of alternative care pathways by the LAS |
| **Digital Enablers** | Monitors and measures a range of digital tools /systems/ aids to assist LAS in operating more efficiently. |

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**Kline R & Lewis DO 2018 'The price of fear: estimating the financial cost of bullying to the NHS in England' Public Money and Management** [**PEARL**](http://hdl.handle.net/10026.1/12411)

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